

## ILLINOIS WIRELESS INFORMATION NETWORK - GROUPS REQUEST

Department Name: \_\_\_\_\_

IWIN Coordinator Name: \_\_\_\_\_

Name of Group to be created: \_\_\_\_\_

Name of users in group and the IWIN department they belong to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

\* Attach additional sheets as necessary.

If you have listed an IWIN user that is from a differnt department than yours, please have the IWIN coordinator from that department sign below:

IWIN Coordinator: \_\_\_\_\_ Department \_\_\_\_\_

IWIN Coordinator: \_\_\_\_\_ Department \_\_\_\_\_

IWIN Coordinator: \_\_\_\_\_ Department \_\_\_\_\_

IWIN Coordinator: \_\_\_\_\_ Department \_\_\_\_\_

IWIN Coordinator: \_\_\_\_\_ Department \_\_\_\_\_

**Please return this form to:**

CMS Customer Service Center (CSC)  
Attn: Provisioning  
120 W. Jefferson, 2nd Floor  
Springfield, Illinois 62702-5103  
Fax: 217-524-5895 (for emergency orders only)

**For additional Information  
contact the CSC  
at 1-800-366-8768  
(in centrex @217-524-4784)**